



1616

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application No.

09/405,046

Filing Date

September 27, 1999

First Named Inventor

MEADE

Examiner Name

D. L. Jones

Group Art Unit

1616

Attorney Docket No.

A-58634-6

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**ENCLOSURES**

(check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Affidavits/declaration(s)                | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, No. of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual nameRenee M. Kossiak, Reg. No. 47,717 for Robin M. Silva, Reg No. 38,304  
DORSEY & WHITNEY LLP

Signature

Date

**CERTIFICATE OF MAILING**

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Mary McFarland

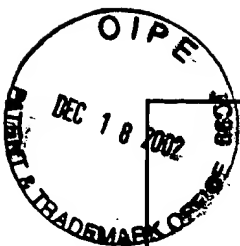
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Receipt



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## ENCLOSURES

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| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
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| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <b>Request for Corrected Filing Receipt</b>  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   | <b>Marked-up Version of Filing Receipt</b>   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, No. of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |  |  |
|-------------------------|--|--|--|
| Firm or Individual name | Renee M. Kossiak, Reg. No. 47,717 for Robin M. Silva, Reg No. 38,304<br>DORSEY & WHITNEY LLP |  |  |
| Signature               |  |  |  |
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| Signature             | Mary McFarland | Date | 12-11-02 |



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Attorney Docket No.: 46808/290016/RFT/RMS/RMK  
Attorney File No.: A-58634-01/RFT/RMS/RMK

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

MEADE, *et al.*

Serial No. 09/405,046

Filed: September 27, 1999

For: MAGNETIC RESONANCE IMAGING  
AGENTS FOR THE DETECTION OF  
PHYSIOLOGICAL AGENTS

Examiner: D.L. Jones

Group Art Unit: 1616

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Office of Initial Patent Examination, Customer Corrections Branch, Assistant Commissioner for Patents, Washington, DC 20231 on:

Dated: December 11, 2002

Signed: Mary M. Farland

Mary McFarland

**REQUEST FOR CORRECTED FILING RECEIPT**

Office of Initial Patent Examination  
Customer Corrections Branch  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:  
Attached is a copy of the official Filing Receipt received from the PTO in the above-identified application, for which issuance of a corrected Filing Receipt is respectfully requested. Please amend the Filing Receipt as follows:

In the "Applicant(s)" field,  
Delete "ALTADENA, CA" and insert therefore --WILMETTE, IL--;  
Delete "ARCADIA" and insert therefore --PASADENA  
Delete "Pasadena, CA" and insert Dallas, TX--.

In the "Continuing Data as Claimed by Applicant" field,  
Delete the three occurrences of "WHICH IS A CON OF" and insert therefore  
--WHICH IS A CIP OF--;  
Delete "PROVISIONAL APPLICATION NO." and insert therefore --WHICH CLAIMS  
THE BENEFIT OF THE FILING DATE OF--;  
Delete "WHICH IS A 371 OF" and insert therefore --WHICH CLAIMS THE BENEFIT

Serial No. 09/405,046

Filed: September 27, 1999

OF THE FILING DATE OF--

Delete "08549" and insert therefore --08548--.

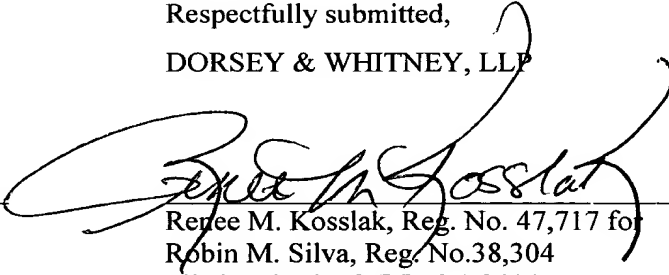
Enclosed herein is a copy of the official Filing Receipt indicating the requested corrections marked in red. Applicants enclose a copy of an executed declaration submitted in compliance with 37 C.F.R. 1.63 with the amended priority claim described above.

The Commissioner is authorized to charge any additional fees, including extension fees or other relief which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Order No. 468081-00016 (A-58634-6/RFT/RMS/RMK)).

Respectfully submitted,

DORSEY & WHITNEY, LLP

Dated: 12/11/02

  
Reece M. Kosslak, Reg. No. 47,717 for  
Robin M. Silva, Reg. No. 38,304  
Filed under 37 C.F.R. § 1.34(a)

Four Embarcadero Center  
Suite 3400  
San Francisco, CA 94111-4187  
Telephone: (415) 781-1989

PTO-103X  
(Rev. 1-89)



UNITED STATES DEPARTMENT OF COMMERCE  
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OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

FILING RECEIPT  
CORRECTED

DEC 18 2002

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/405,046         | 09/27/99    | 1616         | \$848.00      | A-58634-6/RF        | 18    | 11     | 10     |

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

WILMETTE, IL

Applicant(s)

THOMAS MEADE, ALTADENA, CA; SCOTT FRASER, LA CANADA, CA;  
RUSSELL JACOBS, ARCADIA, CA; WENHONG LI, PASADENA, CA.  
Dallas, TX

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 09/134,072 08/13/98 PAT 5,980,862  
WHICH IS A CON OF 08/971,855 11/17/97 ABN  
WHICH IS A CON OF 08/063,328 10/27/97  
WHICH IS A CON OF 08/486,968 06/07/95 PAT 5,707,605  
WHICH IS A CON OF 08/460,511 06/02/95 ABN  
WHICH IS A 371 OF PET/US96/08549 06/03/96  
CLAIMS THE BENEFIT OF PET/US96/08548

WHICH CLAIMS THE  
BENEFIT OF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/18/99 \*\* SMALL ENTITY \*\*  
TITLE  
MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL  
AGENTS

PRELIMINARY CLASS: 424

DATA ENTRY BY: DILLON, LAWANDA

TEAM: 03 DATE: 02/07/00



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Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 9059

|   |   |                               |  |   |
|---|---|-------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>09/405,046  | <b>FILING DATE</b><br>09/27/1999<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1616  | <b>ATTORNEY DOCKET NO.</b><br>A-58634-8155<br><b>RECEIVED</b><br>FEB 12 2003<br>TECH CENTER 1600/2900 |
| <b>APPLICANTS</b><br>THOMAS MEADE, WILMETTE, IL;<br>SCOTT FRASER, LA CANADA, CA;<br>RUSSELL JACOBS, PASADENA, CA;<br>WENHONG LI, DALLAS, TX;  |   |                               |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/134,072 08/13/1998 PAT 5,980,862<br>which is a CIP of 08/971,855 11/17/1997 ABN<br>which claims benefit of 60/063,328 10/27/1997<br>and is a CIP of 08/486,968 06/07/1995 PAT 5,707,605<br>which is a CIP of 08/460,511 06/02/1995 ABN |   |                               |  |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED STATES OF AMERICA PCTUS96/08549 06/03/1996   |   |                               |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br>** 10/18/1999  |   |                               |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials         |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>18  | <b>TOTAL CLAIMS</b><br>11   |
| <b>INDEPENDENT CLAIMS</b><br>10   |   |                               |  |   |
| <b>ADDRESS</b><br>FLEHR HOHBACH TEST<br>ALBRITTON & HERBERT LLP<br>FOUR EMBARCADERO CENTER<br>SUITE 3400<br>SAN FRANCISCO ,CA 94114187  |   |                               |  |   |
| <b>TITLE</b><br>MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL AGENTS   |   |                               |  |   |
| <b>FILING FEE RECEIVED</b><br>1100  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |   |

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